

AIDS Research Advisory Committee

Rationale & Draft Concept for Coordinated Clinical Research Networks

Bethesda, Maryland May 24, 2004





Presentation Goals

Rationale for DAIDS concept

 Solicit input on ways to improve the plan and still achieve the goals



From Principles to Objectives

- Coordinate leadership of networks
- Increase accountability: network and site levels
- Coordinate development of resource poor sites
- Share laboratory resources and protocols
- Common data elements
- Coordinate specimen management
- Share/standardize training for common needs
- Coordinate product acquisition, distribution & provision
- Inter-network meetings
- Greater efficiency with all resources, human and \$\$



Objectives |



Concept

- Link Prevention & Treatment
- Coordinate Network research
- Coordinate and elevate community input
- Link funding to performance at Network level
- Link funding to performance at Site level
- Autonomy of international investigators
- Coordinate resource utilization for greater efficiency, better science

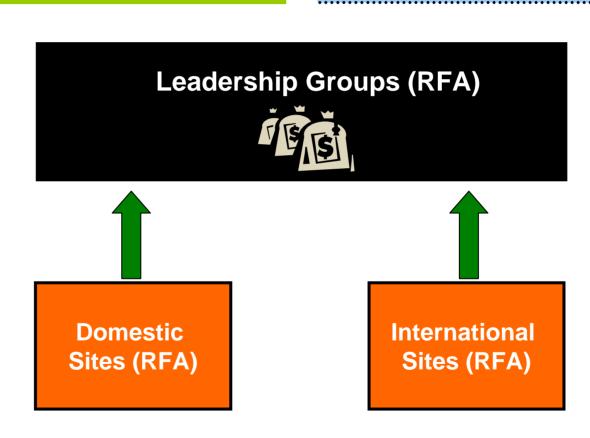
- Single RFA; linked scientific priorities
- Managing Partners Committee
- Community Partners Committee
- Evaluation plan; External Review Groups; DAIDS supplemental funds
- Network supplemental funds
- International site RFA
- Managing Partners; Coordination component of Leadership Group application; Clinical Research Management Support contract; Evaluation plan



Managing Partners Committee

External Scientific Review Groups

Clinical Research Mgm Support Contract



Community Partners



Leadership for HIV and AIDS Clinical Trials Networks





Objectives:

- Establish cooperative clinical trials groups
- Mechanism: U01
- Expansion/Renewal: New
- First year Total cost: \$210M \$280M
- **Duration:** 7 years
- Number of awards: 6 8



Domestic Sites For HIV Vaccine, Prevention and Therapeutic Clinical Trials



Objectives:

 Establish clinical trial units as components of one or more clinical trials networks

• Mechanism: U01

Expansion/Renewal: New

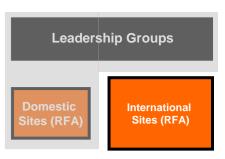
First year Total cost: \$38M - \$100M

Duration: 7 years

• **Number of awards**: 50 - 65



International Sites For HIV Vaccine, Prevention and Therapeutic Clinical Trials



Objectives:

- Establish international clinical trial units as components of one or more clinical trials networks
- Mechanism: U01
- Expansion/Renewal: New
- First year Total cost: \$12.5M \$30M
- **Duration:** 7 years
- Number of awards: 25 40



Leadership Groups RFA

Translational Research / Drug Development

Optimization of Clinical Management

Mother to Child Transmission

HIV Vaccines

Microbicides

Prevention of HIV Infection



Leadership Groups RFA



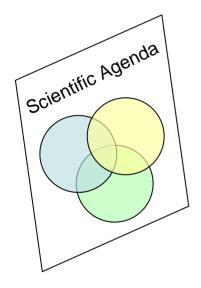


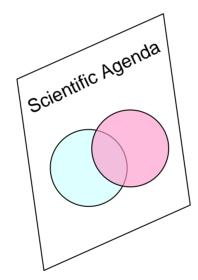


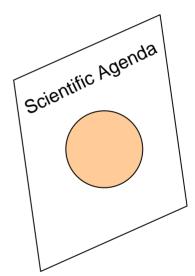












Applicant Group #1

Applicant Group #2

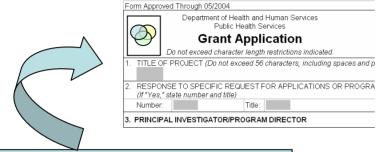
Applicant Group #3

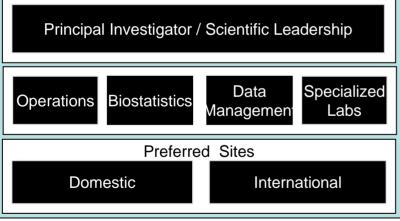






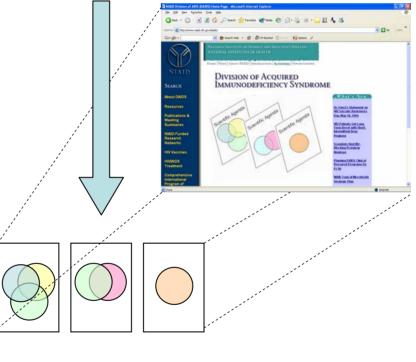
National Institutes of Health Center for Scientific Review











Successful applicants become Leadership Groups

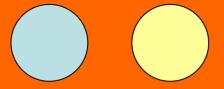


Leadership Groups

Domestic Sites (RFA) International Sites (RFA)



Domestic Sites RFA

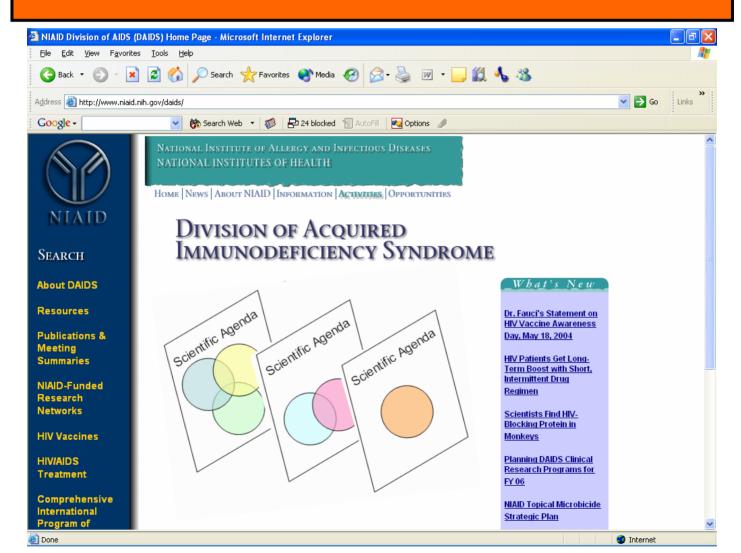




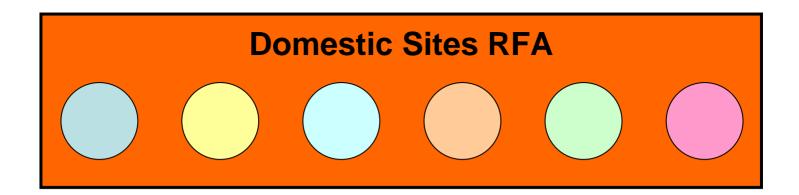












Department of Health and Human Services
Public Health Services

Grant Application

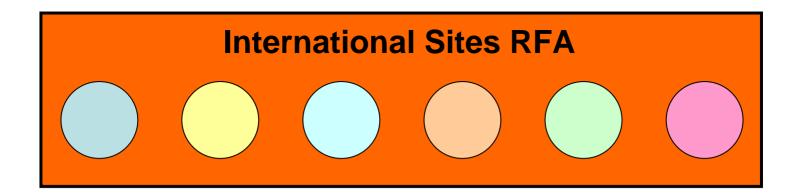


- Populations & Trial Capacity
- Partner Sites
- Preferred Network Affiliation

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- Partner Sites
- Preferred Network Affiliation

Site #1





Department of Health and Human Services
Public Health Services

Grant Application



- Populations & Trial Capacity
- Partner Sites
- Preferred Network Affiliation
- Capacity Expansion

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Site #1

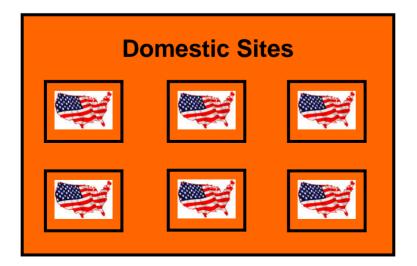


Coordinated Clinical Research Networks





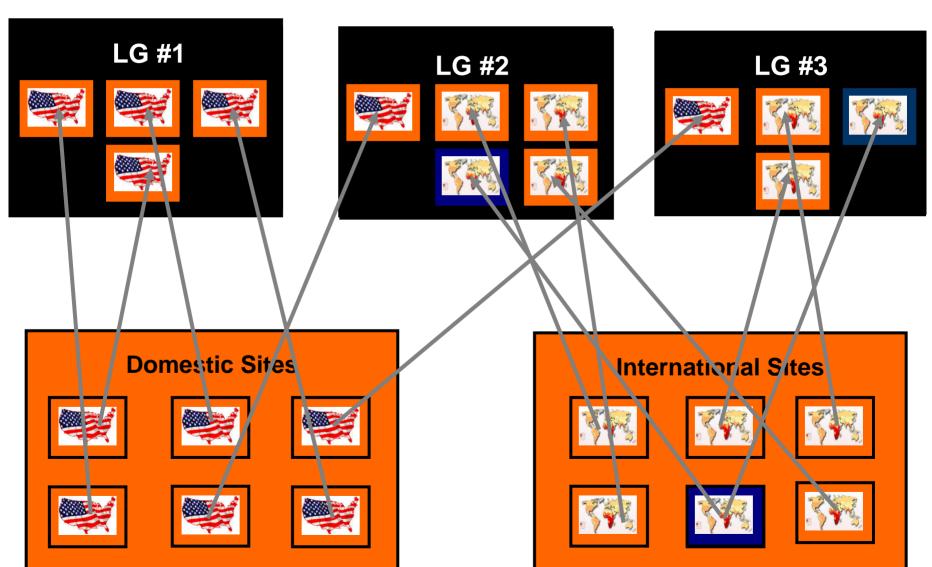








Coordinated Clinical Research Networks



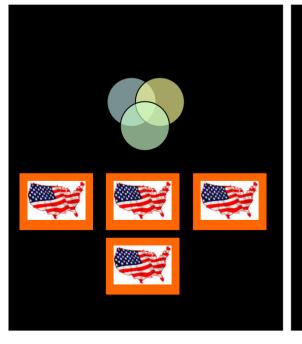


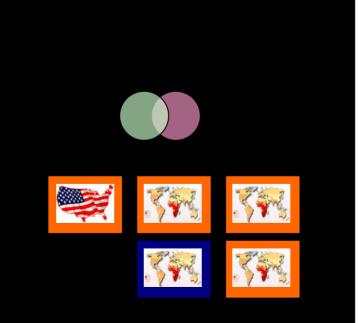
Coordinated Clinical Research Networks

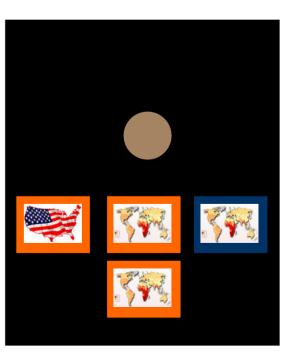
Network #1

Network #2

Network #3









Managing Partners Committee

External Scientific Review Groups

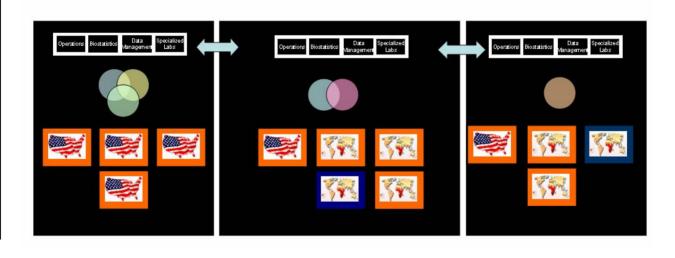
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

Network #1

Network #2

Network #3



Community Partners



Managing Partners Committee

External Scientific Review Groups

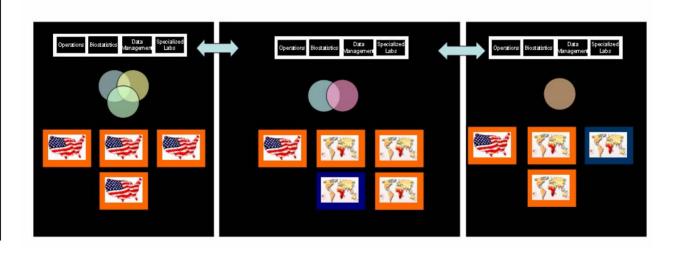
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Coordinated Clinical Research Networks

Network #1

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Network #3



Community Partners



Managing Partners Committee

- Coordinate research activities using components of multiple networks
- Increase efficiency by reusing clinical trial infrastructure and resources
- Share plans for protocol development and study conduct across networks
- Promote consistent approaches to network and site evaluation
- Advise DAIDS on adjustments to network sites and/or infrastructure assets
- Establish goals and bylaws within 60 days of Leadership Group awards
- Submit cross network coordination plan for accountability and scientific coordination within a specified time frame of final LG awards
- Membership: PI of each network Core, additional voting members appointed by the Director, DAIDS; one appointed member to serve as Chair of the Managing Partners for a term of one year (renewable)



Managing Partners Committee

External Scientific Review Groups

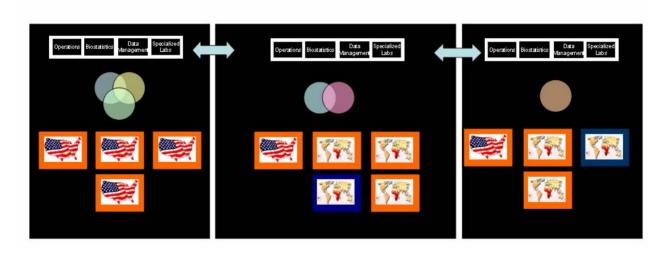
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

Network #1

Network #2

Network #3



Community Partners



External Scientific Review Groups

- Advisory to Networks, NIAID & IC partners
- Assist in assessing productivity & efficiency
- Advise on changing/competing priorities
- Continuity and flexibility in membership



Managing Partners Committee

External Scientific Review Groups

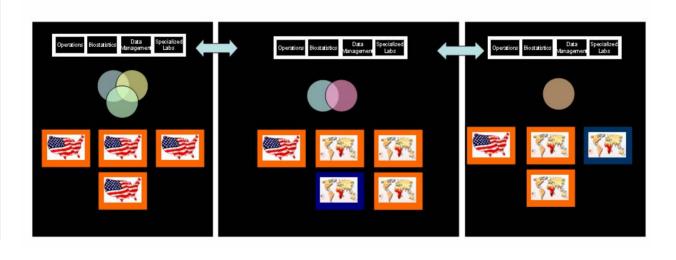
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

Network #1

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Network #3



Community Partners



Community Partners

Coordinated leadership to:

- Enhance intra- and inter-network community input
- Identify and develop programs to meet training and support requirements
- Increase resource poor representation and participation
- Address challenges to participation (economic, cultural, language, history, distrust, etc.)
- Enhance framework to better address efforts/activities of CABs



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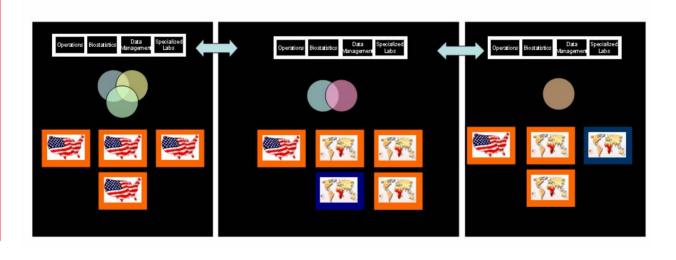
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

Network #1

Network #2

Network #3



Community Partners



Clinical Research Management Support Contract

Flexible mechanism to support:

- Inter-network coordination
- Community needs and coordination
- Site assessment, planning, management
- Unique needs of institutions/regions
 - Staff recruitment, training, financial mgmt
 - Training
 - Translation
- Sustainable presence for long-term development



Managing Partners Committee

External Scientific Review Groups

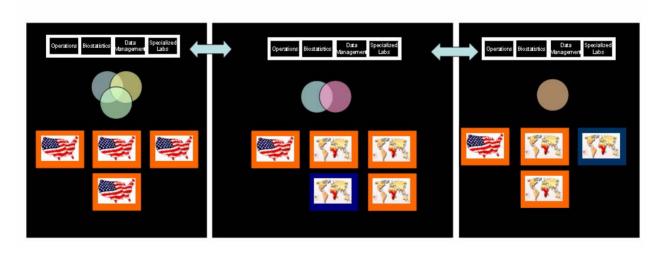
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

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Community Partners



- Evaluate networks individually & collectively
- Defined performance goals, criteria & metrics
- Selected performance areas:
 - Scientific leadership & productivity
 - Operational management & efficiency
 - Quality assurance & Good Clinical Practice
 - Community integration
 - Coordination and partnering
 - Training
 - Communications



Managing Partners Committee

External Scientific Review Groups

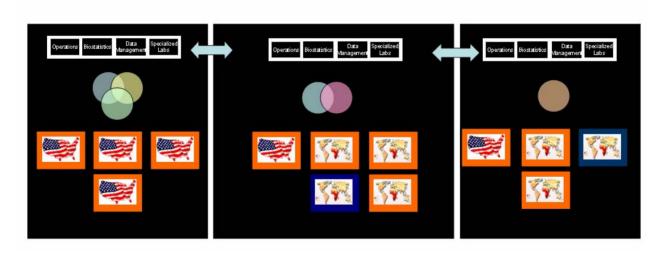
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

Network #1

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Network #3



Community Partners



- Inter-IC partnerships to help address IC missionspecific HIV/AIDS research priorities
- IC partner priorities integrated into RFA's
- IC's with "discrete" scientific priorities and/or limited resources gain access to network(s) to fund projects/protocols that address IC-specific priorities
- IC's with "population"-based research priorities and/or greater resources support network(s) more broadly and projects/protocols that address ICspecific priorities
- Partner IC's represented at all levels



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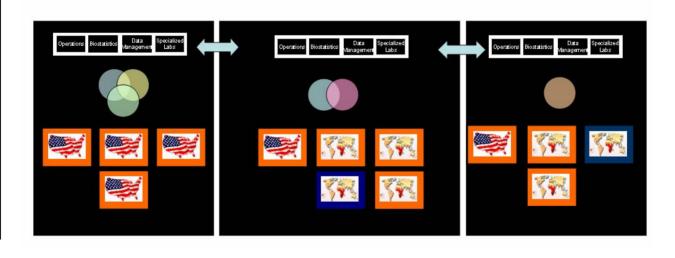
Clinical Research Mgmt Support Contract

Coordinated Clinical Research Networks

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Community Partners



Core vs. Protocol Funding at Network Sites

Core Costs

Protocol Costs

Personnel

Site Principal Investigator

Clinic coordinator

Community educator

Administrative support

Computer support

Supplies (office)

Travel (group meetings)

Other expenses

Overhead

CAB support

Community education

Equipment maintenance

Security

Personnel

Lab technician

Nurse

Physician/clinician

Counselor

Phlebotomist......

Supplies (lab, clinic)

Travel (sub-sites, protocol meetings)

Other expenses

Lab testing fees

Specimen shipping fees

Participant incentives

Recruitment/retention



Flexible Site Funding Options

- Direct NIAID award to institution via Domestic or International Site RFA
- 2. Partner with other institutions (in-country or international) funded through either site RFA, or other programs (e.g. CIPRA, CFAR, AMC, other agencies, governments, etc.)
- 3. Partners can be single, multiple (consortia)
- 4. Rolling admissions
- Network "core" funding for rapid flexibility; preparation for independent funding



How will Resources be Apportioned between Domestic & International Research?

- Scientific priorities drive the process
- No pre-set allocation of resources for domestic vs. international research
- Where research is conducted depends on the question(s) being asked
 - Single setting
 - Multiple settings, simultaneously and/or sequentially
- Balance can shift over time in response to changing priorities and opportunities



What Differentiates International Network Sites from CIPRA Sites?

CIPRA

- Develops independent research capability and capacity
- Provides a mechanism to prepare for network participation
- Provides resources to conduct independent research on locally relevant questions (e.g., clade distribution, clinical stage distribution)
- Supports basic, epidemiologic and clinical research

Network Sites

- Complement CIPRA by maintaining and expanding clinical site infrastructure within the context of an overall clinical research strategy
- Participation in network clinical trials
- Opportunities to affiliate with multiple networks
- Additional resources for common needs



Non-network clinical research

- Networks cannot do everything (e.g 10,000 patient study for 10 years)
- NIAID will continue to support HIV clinical research outside of network structures
- Balancing Network and Non-network research
- A new funding mechanism will help to ensure:
 - Scientific relevance/contextual prioritization
 - Operational feasibility and quality
- Potential access to DAIDS network resources depending on scientific priority and relevance



Challenges

- Going where the disease is/infections are
- Linking prevention and treatment for research and care
- Long-term follow up & clinical outcomes
- Household-focused approach
- Effective collaborations and linkages (inter-network, intra-NIAID, inter-IC, inter-agency, inter-government, NGO's, charitable organizations, PEPFAR, GFATM, etc.
- Efficiency across the entire effort
- Review



Objectives |



Concept

- Link Prevention & Treatment
- Coordinate Network research
- Coordinate and elevate community input
- Performance-based funding
- Autonomy of international investigators
- Coordinate resource utilization for greater efficiency, better science

- Single RFA; linked scientific priorities
- Managing Partners Committee
- Community Partners Committee
- Evaluation plan; External Review; Supplemental funds;
- International site RFA; other flexible funding options
- Managing Partners; Coordination component of Leadership Group application; Clinical Research Management Support contract; Evaluation plan



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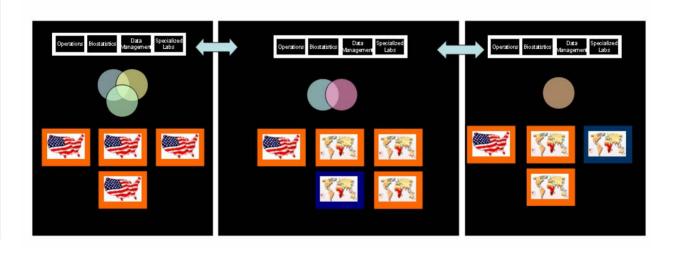
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